

08/24/01

3944 U.S. PTO

08-27-01

Box 500 A

PTO/SB/05 (2/98)

Approved for use through 09/30/2000 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → ☐

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. §1.53(b))

Attorney Docket No.	PC10347AGLK
First Named Inventor or Application Identifier	Graham Nigel Maw, et al.
Title	PHARMACEUTICAL
Express Mail Label No.	EL911724296US

APPLICATION ELEMENTS	ADDRESS TO:
See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 108] (preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the Invention	a. <input checked="" type="checkbox"/> Computer Readable Copy
- Cross References to Related Applications	b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)
- Statement Regarding Fed sponsored R&D	c. <input checked="" type="checkbox"/> Statement verifying identity of above copies
- Reference in Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 11.3) [Total sheets 7]	
4. <input type="checkbox"/> Oath or Declaration [Total pages]	
a. <input type="checkbox"/> Newly executed (original or copy)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
	ACCOMPANYING APPLICATION PARTS
	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
	10. <input type="checkbox"/> English Translation Document (if applicable)
	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	12. <input checked="" type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
	15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	14. <input checked="" type="checkbox"/> Other: Priority Claim UK 0021487.4 Filed 09/01/2000 US 60/238,206 Filed 10/05/2001
	*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____
---------------------------------------	-------------------------------------	---	--

Prior application information: Examiner _____ Group/Art Unit: _____

18. **CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	Gregg C. Benson				
Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221
NAME (Print/type)	Gabriel L. Kleiman	Registration No. (Attorney/Agent)	40,681		
Signature		Date	8/24/01		

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2000.

Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$1388.00)

Complete if Known

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Graham Negel Maw, et al.
Examiner Name	To be assigned
Group/Art Unit	To be assigned
Attorney Docket No.	PC10347AGLK

METHOD OF PAYMENT (check one)

1. ☐ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc.

☒ Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.1.6 and 1.17. ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.1.8 at the Mailing of the Notice of Allowance.

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 710.00

2. EXTRA CLAIM FEES

	Total Claims	Extra Claims	Fee from below	Fee Paid
Total Claims	31	-20**=	11 X 18.00	198.00
Independent Claims	9	-3**=	6 X 80.00	480.00
Multiple Dependent				0

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 678.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify)					
Other Fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY

Type or Printed Name Gabriel L. Kleiman

Signature 

Date 08/24/01

Complete (if Applicable)

Reg. Number 40,681

Deposit Account 16-1445
User ID

EXPRESS MAIL NO. **EL911724296us**

FEE TRANSMITTAL PTO SB 17.DOT 10/00

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to:
Box Patent Application, Commissioner for Patents, Washington, D.C. 20231 on this 24th day of August, 2001.

By

Janice M. Denison
(Signature of person mailing)
Janice M. Denison

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **Graham N. Maw, et al.** :

APPLICATION NO.: **To be assigned** : Examiner: **To be assigned**
FILING DATE: **Herewith** : Group Art Unit: **To be assigned**
TITLE: **Pharmaceutical** :

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

STATEMENT REGARDING SUBMISSION
OF SEQUENCE LISTING UNDER 37 C.F.R. §1.821(f)

I hereby state that the information recorded in computer readable form is identical to
the written sequence listing.

Date:

8/24/2001

Respectfully submitted,

Gabriel L. Kleiman

Gabriel L. Kleiman
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